

## On the Net

### Worshipping at the altar of the Palm Pilot

You either have the religion or you don't.

That sentiment seems to sum things up when it comes to those little hand-held devices known as PDAs (personal digital assistants). Doctors who use devices such as the Palm Pilot say they are the greatest thing since the stethoscope. Meanwhile, those on the outside shake their heads in amused scepticism.

As Dr. Gordon Hollway, a physician in Marathon, Ont., puts it: "I always used to have a bunch of different things in different places. I'd also have some addresses scribbled in my wordprocessing or email software, and then I'd forget to update my address book and I'd be left wondering which one was the most up-to-date version. Or I'd be somewhere and someone would talk about a meeting and I wouldn't be able to reschedule it because I didn't have my Daytimer. Now, as long as I bring [my PDA] with me, I know I'll have all the basics that I need."

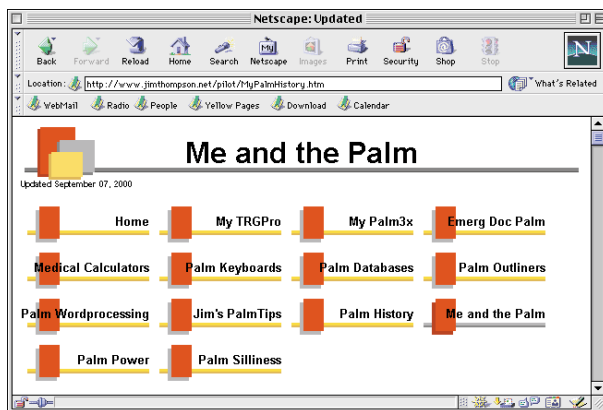
Wherever you fall in this theological debate, there is no doubt these devices are spreading like mad, and particularly within medicine. And with the modern software and capabilities of the new models, they are literally becoming a doc's best friend.

One of the best sites for all that is Palm in medicine is at ([www.pdamd.com](http://www.pdamd.com)). This site includes links to medically oriented software, online forums, reviews, and even a set of testimonials from physicians who love their Palms. An entire section is devoted to selecting the right PDA and there is a set of tutorials on how to make the best use of your new technological wonder.

Another great site is Healthy PalmPilot ([www.healthy-palmpilot.com](http://www.healthy-palmpilot.com)), created by Toronto physician Eric Tam. As he explains things, it was his quest for "near lab-coat weightlessness" that led him to start using a PDA. His site includes more than 500 downloadable software resources for the practising physician, everything

from organizers and patient management tools to diagnosis databases and wellness software.

For those who still think the whole PDA phenomenon is laughable hype, take a look at Jim Thompson's Silly Pages site ([www.jimthompson.net](http://www.jimthompson.net)). Thompson, an emergency physician from PEI, is a Palm prophet who provides lots of good PDA resources, but he also knows how to laugh at the whole thing. He asks: "Do we really need to say things like, 'Hey, look what I got on my Palm last night.?' " Good question. — *Michael O'Reilly*, [mike@oreilly.net](mailto:mike@oreilly.net)



### Poor conditions in refugee camps make malaria screening difficult: expert

Although it would have been preferable to have screened some African refugees for malaria before the disease was discovered after their arrival in Canada, a Montreal tropical disease specialist says the rudimentary laboratory facilities available in refugee camps make such screening difficult or impossible.

"In hindsight it is easy to say that yes, these people should have been screened, but to screen in a refugee camp is no easy matter," Dr. Dick MacLean said of the 12 cases of malaria diagnosed among 240 refugees who arrived in Canada in August from a refugee camp in Burundi.

He also said that such cases are not new among refugees arriving in Canada. "We certainly saw cases when Southeast Asians arrived in large numbers from Vietnam, Laos and Cambodia in the early 1980s, but the amount of malaria found in the refugee camps in Burundi and the Central Congo is probably greater than it was in the Asian camps."

MacLean, senior physician at the Montreal General Hospital, said his hospital sees 25 to 30 patients a year who have malaria, while the Toronto General Hospital sees 30 to 40. He said the cost of treating them is relatively small. "The cost is not in the price of

the pills but in diagnosing the disease," he said. Diagnosis can be delayed because most Canadian physicians are not familiar with malaria.

MacLean, director of the McGill Centre for Tropical Disease, said new cases of malaria will be identified among the African refugees for 2 to 3 more months.

Health Canada says the cases involving the Africans may lead to new screening recommendations for Immigration Canada. Meanwhile, MacLean says the 12 cases should be treated "as a learning experience rather than as something to panic over." — *Patrick Sullivan*, CMAJ